

**FOLEY & LARDNER**

ATTORNEYS AT LAW

11250 EL CAMINO REAL, SUITE 200  
 SAN DIEGO, CA 92130  
 P.O. BOX 80278  
 SAN DIEGO, CALIFORNIA 92138-0278  
 TELEPHONE: 858.847.6700  
 FACSIMILE: 858.792.6773  
[WWW.FOLEYLARDNER.COM](http://WWW.FOLEYLARDNER.COM)

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**FACSIMILE TRANSMISSION****Total # of Pages: 5 (including this page)**

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Examiner Valarie Bertoglio - Art Unit 1632 Commissioner for Patents Mail Stop AF	(703) 305-5469	(703) 872-9307

From : Stephen E. Reiter SFR  
 Sender's Direct Dial : 858.847.6711  
 Date : September 17, 2003  
 Client/Matter No : 088802-3457  
 User ID No : 1877

**MESSAGE:****OFFICIAL**

Re: Application Serial No. 10/086,542

Following are:

Notice of Appeal (2 pgs.-in dupl. = 4 pgs.).

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Atty. Dkt. No. SALK1790-6  
(088802-3457)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Wahl and O'Gorman

Title: FLP-MEDIATED GENE  
MODIFICATION IN MAMMALIAN  
CELLS, AND COMPOSITIONS  
AND CELLS USEFUL THEREFOR

Appl. No.: 10/086,542

Filing Date: 02/28/2002

Examiner: V. Bertoglio

Art Unit: 1632

<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b>	
I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.	
<i>Stephen E. Reiter</i> (Printed Name)	
<i>Step E.</i> (Signature)	
September 17, 2003 (Date of Deposit)	

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Mail Stop AF  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals from the decision of the final rejection dated 6/17/2003, of the Examiner finally rejecting Claims 1-19.

[ X ] Applicants claim small entity status.

[ ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ X ] Notice of Appeal Fee

[ X ] To be paid as detailed below

[ ] Not required (Fee paid in prior appeal)

Atty. Dkt. No. SALK1790-6  
(088802-3457)

The required fees are calculated below:

[ X ]	Notice of Appeal Fee	\$320.00
[ ]	Extension month:	\$0.00
[ ]	Extension:	\$0.00
	FEE TOTAL:	<u>\$320.00</u>
[ X ]	Small Entity Fees Apply (subtract ½ of above):	\$160.00
	TOTAL FEE:	<u>\$160.00</u>

[ X ] Please charge Deposit Account No. 50-0872 in the amount of \$160.00. A duplicate copy of this transmittal is enclosed.

[ ] A check in the amount of \$ \_\_\_\_\_ is enclosed.

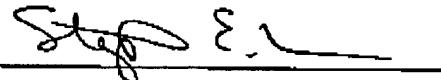
[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: September 17, 2003

By



FOLEY & LARDNER  
Customer Number: 30542  
Telephone: (858) 847-6711  
Facsimile: (858) 792-6773

Stephen E. Reiter  
Attorney for Applicant  
Registration No. 31,192